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ABSTRACT

The Texas Early Childhood Intervention (ECI) Program is an interdisciplinary, interagency program established with the belief that programs working in partnership with parents will best serve the needs of infants and toddlers with developmental delays. Services for the children include physical therapy, occupational therapy, speech/language therapy, training in self-help skills, social activities, and developmental training. Services for the families include education, training in skills to help their children, support groups, counseling, and transportation. This 1990 report of the ECI Program describes: the system of services for infants and toddlers with developmental delay; activities on the state and local level; the effectiveness of the services; the state and local organization; and future needs. The report provides statistics on families in need, services offered, and public awareness. The report also notes the program's administration, history, growth since 1982, data management, and funding. (JDD)

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1990

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The Texas Early Childhood Intervention Program

ECI: Helping Families from the Beginning

EC 300715

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1990

The Texas Early Childhood Intervention Program

"Therapy is the best thing that could have happened to my son. It was like reviving someone who is dying.

"I've seen a lot of changes in my son since coming to the program. He couldn't do anything. Now he sits up and moves around.

"I'd like to see him walk." As translated from Spanish.

-Maria Loya, mother of Miguel

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VALUES

The Texas Early Childhood Intervention (ECI) Program, an interdisciplinary and an interagency program, was established with the belief that programs working in a partnership with parents will best serve the needs of young children with developmental delays.

The following statements are values underlying the Texas ECI Program which include:

Children
Families
Local Programs
State Program

CHILDREN
have a right to the services that will enable them to reach their fullest potential
are best served within the context of their families
need all possible opportunities to be integrated into community life

FAMILIES
want what is best for their children
are the constant in their children's lives while service delivery systems and personnel change
are the primary decision makers for their children
need to choose which service delivery option best meets their family's needs
need to set their own level of involvement

LOCAL PROGRAMS
respond to the individual needs, language, and cultural characteristics of families
are a resource to parents for decision making and meeting family needs
function best when parents are partners in planning, implementing, evaluating, and policy making

STATE PROGRAM
respects individual differences among local programs
recognizes that unique approaches are necessary to meet the varying needs across the state
communicates state requirements clearly and enforces them consistently
assists and supports local programs in achieving high quality services

LOOKING AHEAD

A REPORT FROM THE ADMINISTRATOR

Texas was among the first states to legislate services for infants and toddlers with developmental delays. Today, almost 10 years later, the 1981 early childhood initiative remains an example of innovative legislation, and the Texas Early Childhood Intervention Program continues to serve as a model for other states.

This report of the Texas Early Childhood Intervention (ECI) Program describes the system of services for infants and toddlers with developmental delay: the state and local services, the effectiveness of the services, the state and local organization, and future needs. However, the system is changing rapidly.

A federal initiative, P.L. 99-457, provides funding to states that are serving infants and toddlers. Enacted in 1986 as Amendments to the Education of the Handicapped Act, appropriations under this law have provided approximately one-fourth of the Texas ECI Program funding for the past three years and have enabled the program to serve many additional families.

As part of the federal initiative, states must establish a comprehensive service delivery system to serve all eligible children. The Texas ECI Program is making changes to meet this federal mandate, including restructuring the advisory committee and emphasizing family involvement in services. A statewide program which serves all eligible Texas children is an expensive undertaking and the ECI program is seeking multiple sources of funding. Accommodating new sources of funding will require additional alterations in the program organization.

As the program goes through this period of growth and change, the state office wants to make certain that the program is guided by a common set of values, a set of values meant to underlie every aspect of the program. These values, listed on the opposing page, reflect the participation and input of local service providers and parents as well as the state office staff and Texas ECI Council.

Our continuing challenge as the Texas ECI Program goes through the coming period of rapid change, will be to remain responsive to the needs of the individual families and children whom we serve.

Mary Elder

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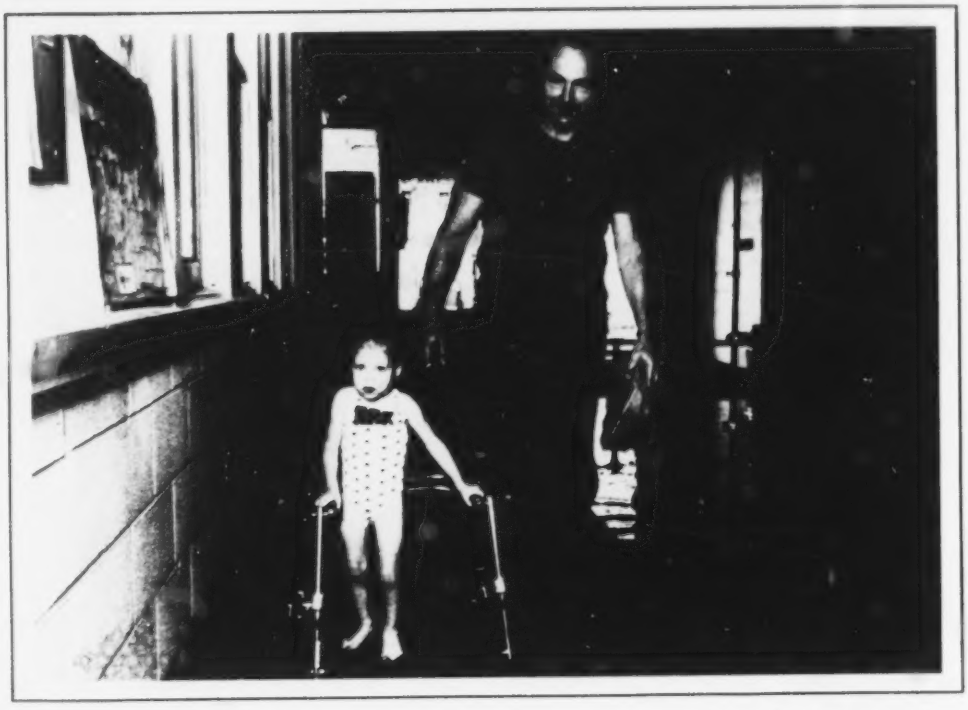

Early Childhood Intervention helps children with all kinds of delays in development. After a therapy lesson in the pool, Kristin, who is learning to walk leaves an early childhood intervention program with her grandfather.

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WHAT IS EARLY CHILDHOOD INTERVENTION?

Early childhood intervention is a system of services for infants and toddlers with developmental delays and their families.

What is Developmental Delay?

Children with developmental delays are children who are significantly behind others their age in learning to sit up, walk, talk or understand what others say.

Who is Eligible for Services?

In Texas, children under age 3 who are suspected of having significant delays in development may be referred to a local service provider for a professional determination of eligibility.

Before a child is enrolled in an ECI program, the program will make a determination of developmental delay through an evaluation process by a team of professionals.

Children who have specific established conditions that usually result in developmental delay are eligible for services. These include: chromosomal anomalies/genetic disorders, inborn errors of metabolism, infectious diseases, neurological disorders, congenital malformations, sensory disorders, severe attachment disorders, and toxic exposure.

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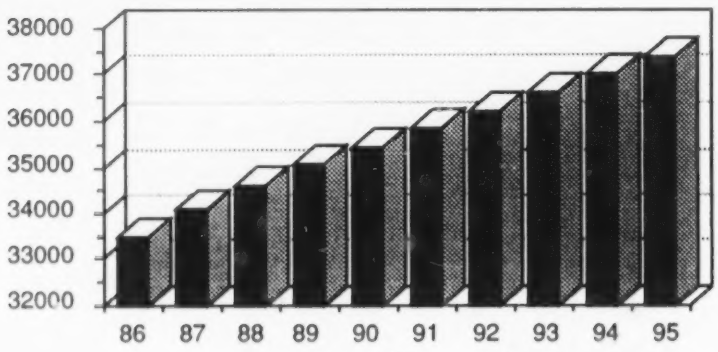
FAMILIES IN NEED

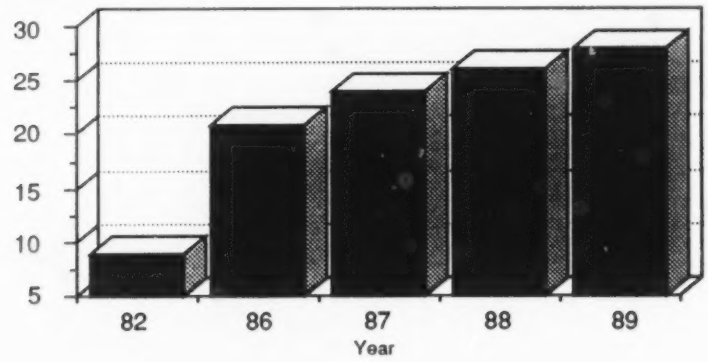
The number of children in Texas under age 3 is expected to increase by approximately 50,000 between 1991 and 1995 to a total of approximately 1.2 million. About 3% of all infants and toddlers have developmental delays. This means that the number of children with developmental delays should increase by about 2,000 to a total of 37,500. The implications are staggering for programs for infants and young children.

The Texas ECI Program is currently reaching about 43% of those estimated to be in need of early intervention services, through comprehensive, follow-along, transition, or purchased services. This includes 15,000 children in FY'89, the latest year for which figures were available at the time this report was printed. Of these children, 9,712 or 28% received comprehensive services in FY'89.



Increase in Number of Children Eligible for Services

Percent of Eligible Children Served Comprehensively by Local ECI Programs



Waiting lists are evidence of the continued unmet need for ECI services. During FY '89, an average of 439 children were on ECI program waiting lists at the end of each quarter. Each month these children are not served represents time during which they may fall further behind their peers. The length of time on a waiting list is especially important because research shows that the first three years of life are a critical period in child development.

As the ECI High Priority Infant Transitional Services (HPITS) Projects go into effect across the state linking children who are at risk to community services, more children eligible for ECI services will be identified. (See the Services Section for more information on HPITS.) The challenge to the Texas ECI Program will be to find ways to increase the capacity of the programs, to eliminate waiting lists, and to keep up with the growth in referrals.

At this program mothers and their children meet weekly for a group session with therapists who show them how to help their children.

Here are some comments made by mothers whose children are part of this group.

(Arnold's Mom)
"My doctor recommended the program because my son was born prematurely. He was born at 25 weeks. He has improved a lot since coming. He is starting to walk and he is catching up physically.

It's nice to be around the other moms. If I didn't find out about this (program), I'd have a hard time teaching him myself."

(Noah's Mom)
"I found out about (the program) from the doctors when Noah was still in the NICU. Noah has been coming for one year. Its good just to talk with other mothers."

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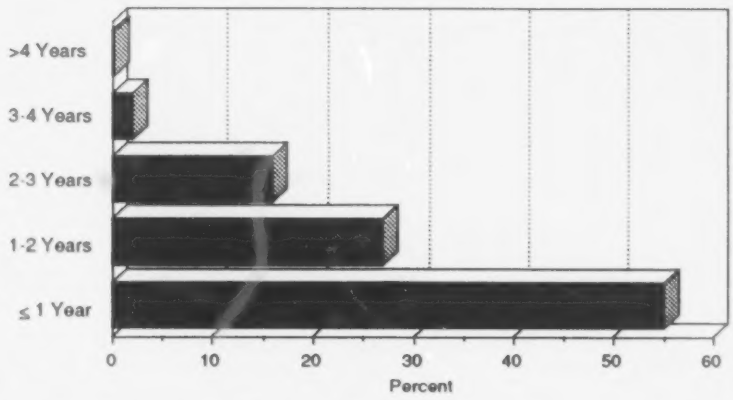
SERVICES FOR CHILDREN & THEIR FAMILIES

High Priority Infant Transitional Service Projects

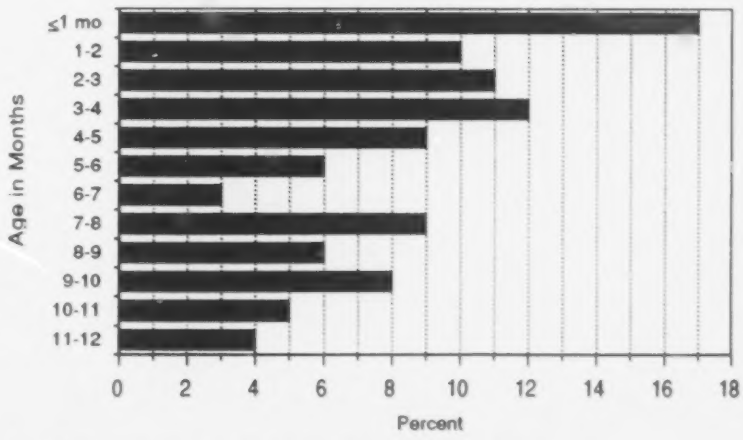
In FY'89, 55% of referrals to ECI programs were made at or before children were one year of age, and 25% of the referrals were made before children were four months old.

Prolonged hospital stays or very low birth weight are indicators of potential developmental delay. Many children in local ECI programs had previous long-term hospitalizations either in neonatal intensive care units or in special care nurseries as shown in the chart below.

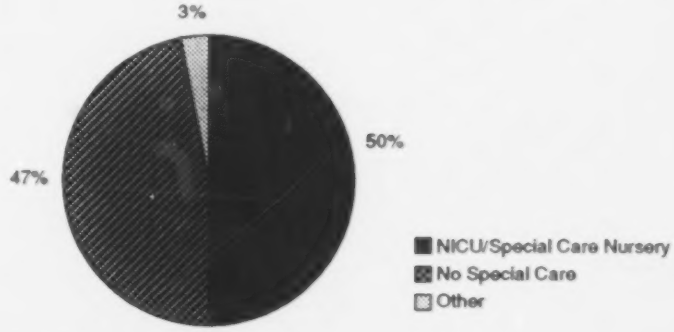
In an effort to reach more at-risk infants, the Texas ECI program is funding projects in major birth centers in Texas. These high priority infant transitional services (HPITS) projects follow infants after hospital discharge to ensure that they are screened for possible delays in development when they visit their doctors for well-baby checks or immunizations. The projects also ensure that if babies have developmental problems they are referred to ECI programs or other services as needed. Projects are planned for 20 major birth centers by FY'93.



Age of Infants and Toddlers (in Years) at Referral, FY'90



Age (in Months) of Infants Under One Year at Referral, FY'90



Level of Care After Birth, FY'90

Comprehensive Services for Infants, Toddlers and Families

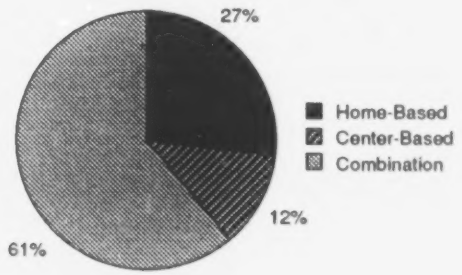
The most common conditions of children entering ECI programs are listed in the chart below. These conditions may result in difficulties in movement (use of arms and legs), talking and understanding speech, and in social development and daily living skills, such as feeding. Many children have difficulties in more than one area.

*Types of Medical Conditions, FY'90**

Neuromuscular Disorder	27%
Cerebral Palsy	18%
Congenital Abnormality	18%
Seizure Disorder	16%
Down syndrome	14%
Respiratory Disorder	14%
Cardiac Disorder	9%
Nutritional/Gastrointestinal	9%
Failure to Thrive	9%
Microcephaly	5%
Spina Bifida	3%
Macrocephaly	3%
Traumatic Head Injury	3%
Kidney Disorder	2%
Congenital Infection	2%
Fetal Alcohol/Drug Syndrome	.9%
Autism	.5%

*Note: Many children have multiple conditions.

Percent of Programs Providing Services in Home, Center-Based, or Cominbation Settings, FY '90



ECI programs provide comprehensive services to families. Professionals and family members jointly prepare a plan for each child. Known as an Individualized Family Service Plan (IFSP), this plan may include the following services as needed.

for the child:
physical therapy
occupational therapy
speech and language therapy
training in self-help skills
social activities
developmental training

for the child's family:
education
training in skills to help their children
support groups
counseling
transportation

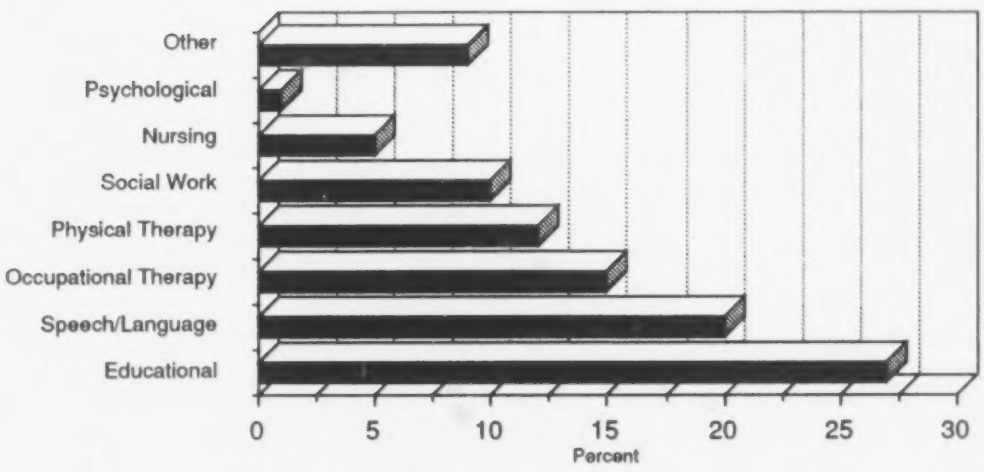
Parents, developmental specialists, physical therapists, occupational and speech therapists, nurses, and social workers work as a team to design and implement the plan. The plan includes activities which can be incorporated by the family into the child's play and daily care.

The plan focuses on both family and child needs. If a family can't function because the child with developmental delay needs medical care on a 24-hour basis, respite care for the family may be as high a priority as treatment for the child. Respite care would be part of the IFSP.

Programs may provide services in the families' homes, or at a central location in a group or individual setting. They may provide service in both home and center-based settings. Infants, especially, are likely to receive home-based services.

Most children receive an array of services, including developmental activities, and motor and speech therapy. The chart below shows the most frequently provided services.

*Services Most Often Provided, FY'90**



**Children may receive more than one service.*

Program activities may target such basic skills as eating and drinking. Some children with muscle control problems need help developing lip closure, tongue control, and swallowing.

Children playing with water develop language and social skills and cognitive concepts such as cause and effect relationships, space, gravity, full and empty.

Here the therapist is working with the mother on activities to strengthen her child's body control, reach and grasp. These skills are building blocks for higher level motor skills such as sitting, crawling, standing, walking, and playing with toys.

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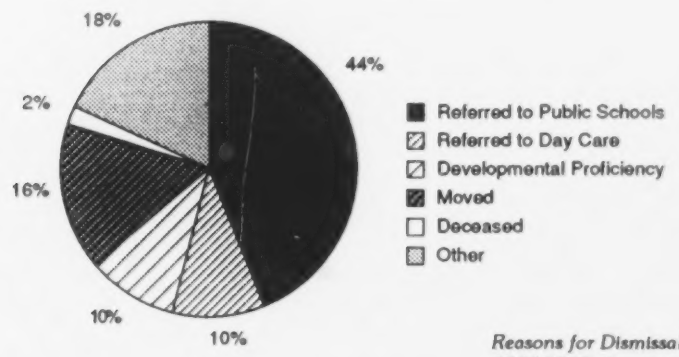
Purchased Service Program

The state office pays directly for services for a few children who are unable to receive needed services from ECI programs. These services include therapy, transportation, and the purchase of adaptive equipment. Since ECI programs now cover all Texas counties, this program is used primarily for adaptive equipment not covered by other funding. Previously, this program provided services to children in counties where there were no ECI programs.

Follow-Along Services

Local programs provide follow-along services to some families. The purpose of follow-along services is to monitor the child and family and maintain progress. Monitoring may include phone calls, parent workshops or counseling, or infrequent home visits.



Reasons for Dismissal, 1986-1989, Average Percent

Transition to New Settings

Helping families move children on to other services is another responsibility of ECI program staff. Children may graduate from ECI programs into public school preschool special education programs, Head Start programs, or integrated day care programs. Some children continue to need special therapy or other services; some need no special assistance.

Local programs help families with transition by explaining the public school preschool special education program and by attending initial planning meetings with the parent and school personnel. The staff may also assist day care personnel in learning to care for the children who are moving on.

INFORMATION SERVICES

Public Awareness

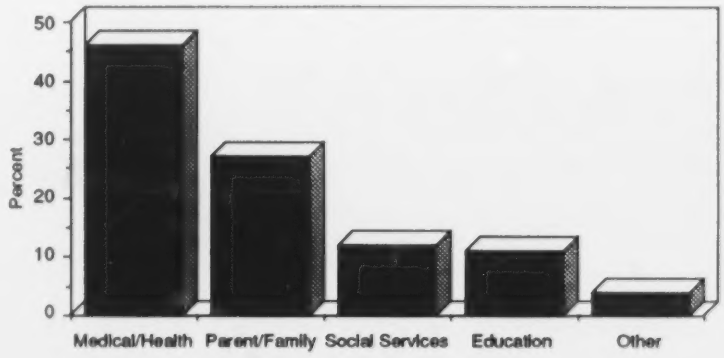
Identifying children with developmental delay and referring them to services at a very early age are goals of the Texas ECI Council. It is, therefore, a major goal of public awareness efforts.

The High Priority Infant Transitional Services (HPITS) projects will "catch" many babies in the "referral net" immediately after birth. But, for many children, potential problems are not evident right away. Some delays in development only become apparent over time. Other methods are needed to reach families of these children.

Physicians or other social service agency personnel who identify the need for screening may refer these families. Family members may also initiate referrals. Currently, medical and social service professionals and parents are major sources of referral to services.

Yearly Recognition Month activities and ongoing publicity help bring information to targeted professional groups and to the general public. Local programs publicize their services on radio talk shows, TV programs, newspapers, and through local events and talks before local organizations. The state office provides support through technical assistance and the production of materials.

The state office also develops other public awareness materials and activities including news releases, articles for publication by professional organizations and agencies, and an awards competition for those who have made contributions to ECI, including media professionals, educators, public servants, volunteers, and health professionals.



Sources of Referral, FY'89

Central Resource Directory

The state office and ECI programs are sharing efforts to develop a central resource directory. The state office currently is overseeing the development of a comprehensive listing of state agencies and organizations which have services that are available throughout the state for families of infants and toddlers with developmental delay. The programs will use the format developed to identify these services in their areas.

ADMINISTRATIVE SERVICES

Policies, Standards, and Best Practices

The state office staff develop policies and standards, and monitor programs to ensure that standards are met. The state office staff, with input from local programs, also identify best practices in the field. The best practices then become goals of technical assistance and training efforts.

Personnel Development

A task force on personnel development is working to establish course content for colleges and universities that prepares students for careers in providing services to young children with special needs. While changes are being planned for colleges, the state office is relying primarily on training and technical assistance to prepare ECI program staff to provide services that reflect the best practices in the rapidly growing infant intervention field.

Annual Conferences

An annual conference held each year in Austin showcases the best practices of ECI programs in Texas and the nation. It also links ECI program staff within Texas who may not have other opportunities to share with each other. Each year financial support from ECI enables parents to attend the conference. The number of parents participating has increased steadily. The ECI state office also provides an annual conference for administrators as a forum for exchanging policy information and ideas.

Technical Assistance and Training

Technical assistance and training are core activities for the state office. ECI programs are monitored every other year. On the off-monitoring year, programs may participate in developing a training plan. ECI state office staff are currently working on a program review and needs identification system which will provide a direct link between monitoring and technical assistance.

The state office does not endorse a particular curriculum or program model for ECI providers in Texas. It does assist local programs in obtaining training in the curriculum or program model that best suits their situations and geographic areas.

Currently, programs assess their needs for training and technical assistance. Then program staff, working with program consultants at the state office, develop training plans. As part of their training plans, they may attend workshops, obtain manuals and information packets, organize peer exchange visits with other programs or specialists, borrow videotapes from the state ECI library, or arrange site visits and workshops from federally-funded projects.

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EFFECTIVENESS

FAMILY SERVICES ARE COST EFFECTIVE AND PREVENTIVE

ECI programs reduce:

1) future special education costs

Nationally recognized research has shown that for every $1 invested in high quality preschool programming, there is a $3 reduction in public school special education costs, according to a 1988 report of the Select Committee on Children, Youth and Families: U.S. House of Representatives.

In 1989, 788 children who did not need further services graduated from the Texas ECI Program. If these children had needed continuing comprehensive services at age 3, the annual cost estimated by the Texas Education Agency would have been $6,000 per year per child or $4,728,000.

2) future costs of institutionalization

Some children who enter ECI-funded programs would have once been institutionalized early in life because their parents did not know how to care for them and received no support from the community to keep them at home. ECI-funded programs help families learn how to care for their children at home, saving the state the costs of institutionalization.

Many adolescent children who are delinquent have been found to have learning disabilities or developmental delays. Support for families when these children are very young is being recognized as a means of avoiding or reducing future institutionalization.

3) future medical costs

When graduates of neonatal intensive care units participated in an infant follow-up program, the frequency and length of repeat hospitalizations was reduced, and a decrease in inappropriate emergency room visits was documented. This information comes from an unpublished study by A.G. Randall, M.D., M.P.H; George Sharpe, M.D.; and Cynthia Jones, M.S.; "Final Report of the High Risk Infant Followup Project," Austin-Travis County Health Department, October 1983 through September 1984.

Other reasons for early intervention:

In addition to the cost-saving benefits, there are many other reasons for early intervention, including the positive enhancement of the lives of children with developmental delays and their families, and the opportunity for children with developmental delays to make greater contributions to society.

An article in the June 13, 1990, issue of the "Journal of the American Medical Association" reported that premature, low birthweight infants showed significant improvement in cognitive and behavioral function during the first years of life after participating in an early intervention program. The children who were in the test group gained an average of nine percentage points in IQ scores, and behavioral ratings improved markedly compared with those in the control group. If these improvements are maintained over time, they will substantiate the long-term educational effectiveness of early intervention.

Tammy Tiner, Ph.D., who teaches organic chemistry at Texas A&M University, is chairperson of the ECI Advisory Committee and represents the Texas Program nationally. She is also the parent of Laura, who has Down syndrome and is graduating from a local ECI program.

"From my involvement at the state level I know that the state staff takes parents and families seriously. The state organization is the driving force for assuring that the local Texas programs are family focused.

"Right now, we have a wide spectrum of parent input into the state program. I hope that, with all of the changes taking place, parent involvement will continue to be important to the program."

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ORGANIZATION

A strong commitment to interagency coordination and a strong commitment to families has characterized the state level organization since its inception.

*The ECI Council (Lead Agency)** establishes policies and rules to ensure that infants and toddlers with developmental delay receive needed services. The council resolves interagency disputes and coordinates federal and state resources.

The council consists of five members: a parent of a child with developmental delay, appointed by the governor; and representatives from the four major state agencies: the Texas Education Agency, the Texas Department of Health, the Texas Department of Human Services, and the Texas Department of Mental Health and Mental Retardation.

*The ECI Advisory Committee (The Interagency Coordinating Council)** advises and helps the council identify and resolve policy and program issues. The advisory committee is in the process of complying with federal law which requires that members be appointed by the governor and include a representative from the state legislature, three program directors, and state agency personnel, professionals, and parents of children in ECI programs.

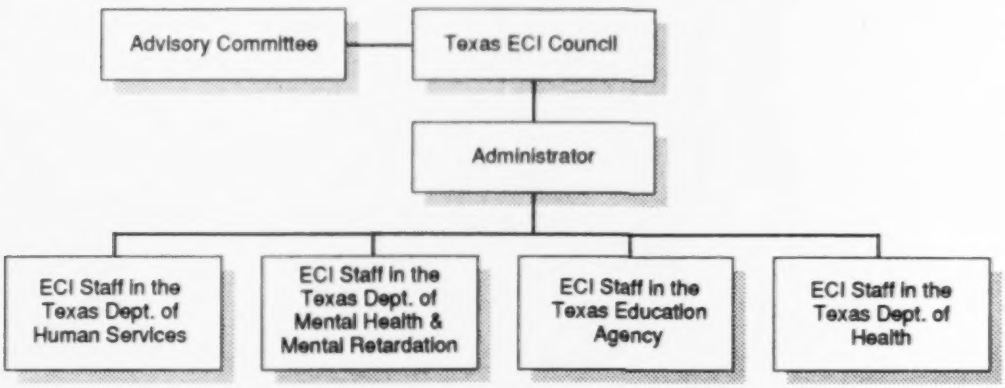
The Directors' Forum, which consists of representative directors from each of the 13 ECI regions, reviews and comments upon ongoing administrative projects and issues at regular meetings. The Directors' Forum serves as a communications link between state level staff and local program directors.

The Administrative Staff, housed within the four agencies represented on the ECI Council, are paid with ECI funds. The ECI Administrator, at the Texas Department of Health, oversees the workload and work responsibilities of staff at each of the four agencies involved in ECI.

The staff monitor programs, implement the grant award process, coordinate technical assistance and training for programs, develop an identification and referral system, create public awareness efforts, and develop policies and personnel standards. A program consultant/family representative at the state level staff helps programs implement family service plans, works with programs on other family-related issues, and works directly with parents.

** The ECI Council and the ECI Advisory Committee were designated in state statute in 1981. In P.L. 99-457, the terms "lead agency" and "interagency coordinating council," respectively, are used to refer to those entities.*

Organizational Chart


Advisory Committee
Texas ECI Council
Administrator
ECI Staff in the Texas Dept. of Human Services
ECI Staff in the Texas Dept. of Mental Health & Mental Retardation
ECI Staff in the Texas Education Agency
ECI Staff in the Texas Dept. of Health

10 YEARS OF GROWTH

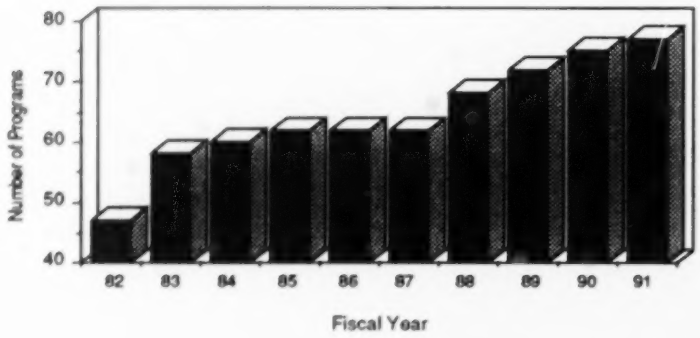
THEN-FY'82	NOW-FY'91
47 COMPREHENSIVE PROGRAMS	77 COMPREHENSIVE PROGRAMS
150 COUNTIES SERVED	254 COUNTIES SERVED
2,776 CHILDREN SERVED COMPREHENSIVELY	9,712 CHILDREN SERVED COMPREHENSIVELY*
$6 MILLION BUDGET	$21.4 MILLION BUDGET (projected)
9% of eligible children served	28% of eligible children served*

* most recent available data is FY'89

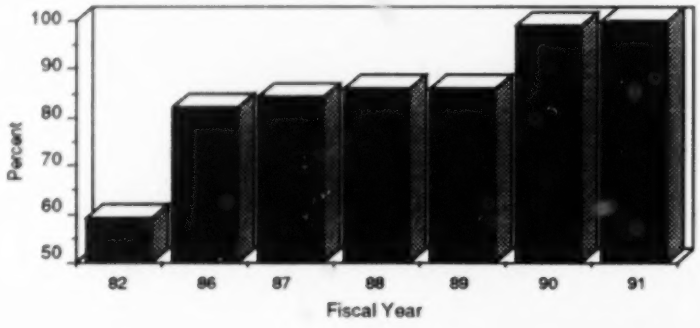
In the past 10 years, the Texas ECI Program has grown dramatically. The ECI council has increased the number of funded programs providing comprehensive services from 47 in FY'82 to 77 in FY'91. Today, programs cover all 254 Texas counties.

The number of families served comprehensively has also increased by approximately 7,000. In FY'82 2,776 children received comprehensive services, that is, they received an array of services as listed in a service plan. In FY'89, the number of children served comprehensively was 9,712.

From 1983-1985 the methods for counting children were not comparable to the methods used starting in 1986.

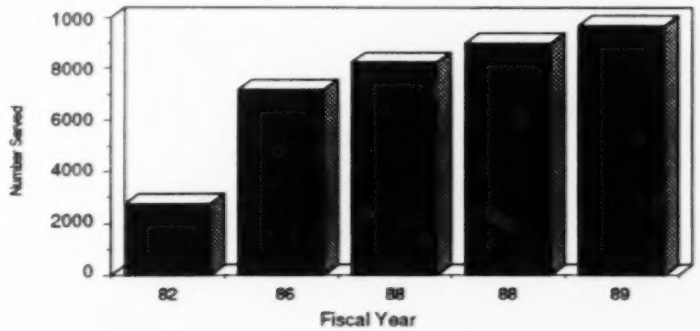


Number of ECI Programs, FY'82-90



Percent of Counties in Texas Served by ECI Programs*

**there are 254 counties in Texas*



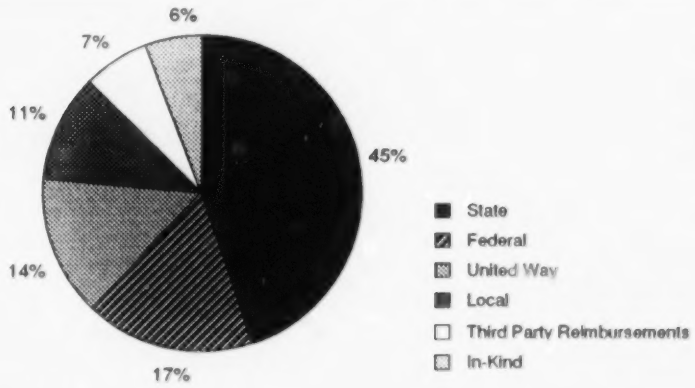
*The Number of Children Comprehensively Served**

***equivalent data unavailable for 1983-85*

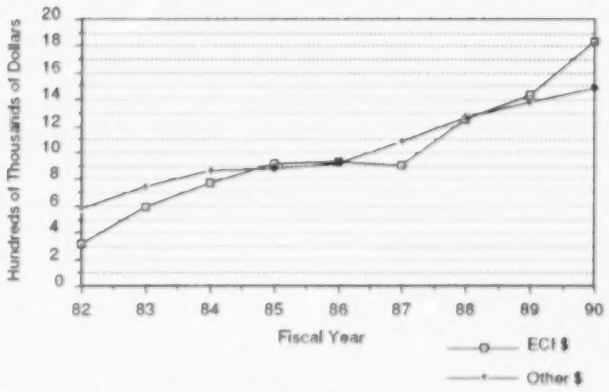
Program Funding

The increase in the number of children served is due in part to the sharing of program costs. The Texas ECI Program has shared the costs of funding local services for infants and toddlers with other state and local funding sources since 1982. In addition to making more services possible, other funding sources have helped programs retain their responsiveness to local communities.

The levels of ECI funding and funding contributed by other sources have increased substantially since the program began. During the first year of funding, the Texas ECI program provided $3 million in funding, while local and other state agency sources provided $6 million. In FY'90, ECI service providers received $18.2 million from ECI funds and $14.8 million from other funding sources.



Other Funding Sources



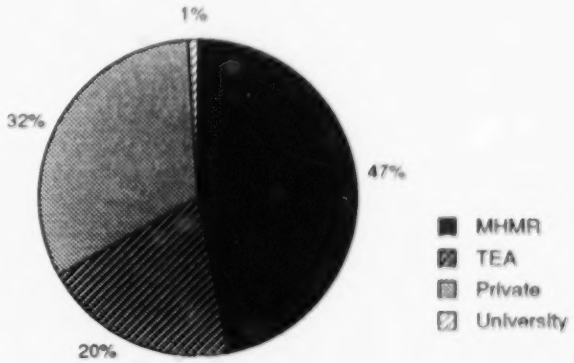
ECI & Other Funding Sources, FY'82-90

Program Affiliation

About 20% of the ECI-funded programs are located in school districts or education service centers, 32% are located in privately funded organizations, 47% are affiliated with the Texas Department of Mental Health and Mental Retardation, and 1% are university funded.

Interagency Planning

ECI programs share services, public awareness, and training with each other and with non-ECI programs serving children in their communities. Most ECI programs participate in local interagency consortiums or councils with representatives of public school programs, hospitals and infant follow-up programs, and private service providers.



Affiliation of ECI-Funded Programs, FY'90

Christine and Rex are in a perceptual-motor group to develp cognitive, communicative, social interaction and self help skills. Rex is working on developing balance and mobility as well as visual and communication skills. Christine is in the program primarily for speech-language skills.

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10 YEARS OF STATE-FUNDED SERVICES

History of Early Childhood Intervention Services in Texas

1970

The U.S. Department of Education, Office of Special Education, funds at least 10 Handicapped Children's Early Education Projects (HCEEP) in Texas for infants and toddlers.

The Texas Department of Mental Health/ Mental Retardation, the Texas Education Agency, and the Texas Planning Council on Developmental Disabilities begin to fund individual early childhood intervention programs for children from birth to age 3.

1978

Federal funding expires for some programs. Parents and professionals work to obtain state funding.

1979

The Texas Legislature appoints an interim study committee to review early intervention in Texas and make recommendations for changes.

1981 — *TEXAS STATE LEGISLATION IS PASSED TO FUND THE STATE ECI PROGRAM*

1982

The Texas Interagency Council on Early Childhood Intervention makes the first grant awards to fund services at the local level.

1985

The Texas ECI Program receives a federal state planning grant to plan for broader services to infants.

1986

Federal legislation, P.L. 99-457, is passed permitting all states to apply for funding to plan and implement early childhood intervention programs. The Texas ECI program receives $3 million in federal funds.

1989

The Texas Legislature appropriates an $11 million increase in ECI funding for the '90-'91 biennium and instructs the program to come into compliance with P.L. 99-457.

1991 — *THE TEXAS ECI PROGRAM CELEBRATES ITS 10TH ANNIVERSARY*

"The doctors told us he'd never walk. He has Spina Bifida. He's walking; he's using his hands; he's learning things to get him ready for school.

"My husband, his big dream was that if we had a son, he would be able to play in all the sports. We aren't going to hold him (Andrew) back. If the doctors say its okay, I'm going to let him (participate) with the other kids. He may have to wear a special helmet or whatever, but I just want him to keep on trying.

"He will go to public school in the fall for the early childhood preschool program. He likes the idea of going into a big boys' school."

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DATA MANAGEMENT

The Texas ECI program collects and analyzes data to assess program activity and to project the future need for services in Texas as well as to comply with state and federal funding requirements. The state office collects data by asking its funded providers to complete a variety of surveys. The survey questionnaires provide information about program performance and about the children and their families who participate in ECI programs across the state.

The three main instruments used to collect data are:

1) The Quarterly Program Performance Report (QPPR)
2) The Once-a-Year Survey
3) The Child and Family Questionnaire (C/FQ)

The QPPR is designed to summarize services provided to children by local providers as they move through the process of referral, intake, service delivery, and dismissal. The Once-a-Year Survey provides data to the Texas legislature and U.S. Department of Special Education about the number of children being served and about how many children are in need of services. The C/FQ is a random sample survey which provides demographic, medical, and service history information about children and their families.

Most of the non-fiscal charts presented in this report use data gathered from one of the these three instruments.

In addition to data collection for ongoing program use, the Texas ECI program is funding a longitudinal study to examine the effects of early intervention on children and families.

FY 1990 Interagency Council on Early Childhood Intervention

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